

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/579,088
	<b>Filing Date</b>	January 14, 2008
	<b>First Named Inventor</b>	Durrani
	<b>Title</b>	ALPHA 1-ANTITRYPSIS COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS
	<b>Art Unit</b>	1646
	<b>Examiner Name</b>	Kaufman, Claire M.
	<b>Attorney Docket</b>	20695C-000000US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

**44183**

**OR**

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

**OR**

The address associated with Customer Number:

**OR**

Firm or Individual Name

Address

City

Country

Telephone

--

I am the:

Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on \_\_\_\_\_).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	22 February 2010
Name	M. Sue Preston	Telephone	510-717-4820
Title and Company	President and Chief Executive Officer, Arriva Pharmaceuticals, Inc.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.